

MURRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-035090

STATE FILE NUMBER

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 17A

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia		Length of stay in 1b 1 Year		c. CITY OR TOWN Laddonia		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Home of Son				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Zona Middle Alice Last Alexander				4. DATE OF DEATH Month Oct Day 8 Year 1959			
5. SEX Female	6. COLOR OR RACE W.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-19-77	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Florida, Mo.		
12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME John Wills			13b. MOTHER'S MAIDEN NAME Alice Johnson			14. NAME OF HUSBAND OR WIFE Ben Alexander	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT Mrs J. D. Wallace Vandalia Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hypertensive arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. generalized arteriosclerosis DUE TO (b) terminal bronchopneumonia DUE TO (c) terminal bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH 4 years 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 7, 1952 to October 8, 1959 and last saw her alive on October 8, 1957 Death occurred at 6:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Anna H. Fugate MD				22b. ADDRESS Vandalia Mo		22c. DATE SIGNED 10/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 10 1959	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetary		23d. LOCATION (City, town, or county) Laddonia, Mo.		
24. FUNERAL DIRECTOR William B Waters Vandalia Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. October 13 1959		26. REGISTRAR'S SIGNATURE Maxine Fugate	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 7 AON SA

JAN 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Blatter

Licensed Embalmer No. 4169

P. O. Address Vandalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.